

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <b>4</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>RAYMOND</b> <b>(NONE)</b> NAME LAST SUFFIX <b>FRANK</b>		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>2404 CAMINO ALTO</b> <b>AUSTIN, TX 78746-2407</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 327-2034</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>NOT APPLICABLE</b> NICKNAME LAST SUFFIX <b>(NONE APPOINTED)</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>N/A</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( ) N/A</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <b>1 / 2 / 2008</b> THROUGH <b>7 / 15 / 2008</b>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <b>11 / 4 / 08</b>		
12 OFFICE	OFFICE HELD (if any) <b>N/A (NONE)</b>	13 OFFICE SOUGHT (if known) <b>SHERIFF</b>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name <b>NONE</b> Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **1**

2 FILER NAME

**RAYMOND FRANK**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**5-30-08**

5 Full name of contributor

☒ out-of-state PAC (ID#)

**MICHAEL B. LIEBESKIND**

7 Amount of contribution (\$)

**\$100.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**18 HUNTING HOLLOW DRIVE**

**PEPPER PIKE, OH 44124-5247**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**6-3-08**

Full name of contributor

☐ out-of-state PAC (ID#)

**AUSTIN REPUBLICAN WOMEN CLUB PAC FUND**

Contributor address; City; State; Zip Code

**5302 S. SCOUT ISLAND CR.**

**AUSTIN, TEXAS 78731**

Amount of contribution (\$)

**\$250.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

RAYMOND FRANK

3 ACCOUNT # (Ethics Commission filers)

4 Date

MAY 15,  
2008

5 Payee name

ROYAL TEES SCREEN PRINTING

6 Payee address; City; State; Zip Code

806 CAPITAL COURT  
AUSTIN, TEXAS 78757

8 Amount (\$)

\$702.78

7 Purpose of expenditure (See instructions regarding type of information required.)

TEE SHIRTS ("SHOOT STRAIGHT")

(If travel outside of Texas, complete Schedule T)



Reimbursement from political contributions intended

Date

MARCH 12  
2008

Payee name

WORLEY PRINTING CO., INC.

Payee address; City; State; Zip Code

3217 NORTH IN 35  
AUSTIN TEXAS 78722

Amount (\$)

\$255.47

Purpose of expenditure (See instructions regarding type of information required.)

PLATFORM COPIES

(If travel outside of Texas, complete Schedule T)



Reimbursement from political contributions intended

Date

4-29-08

Payee name

TEXAS CENTER FOR DOCUMENTARY PHOTOGRAPHY

Payee address; City; State; Zip Code

2104 EAST MARTIN LUTHER KING, JR. BLVD  
AUSTIN, TEXAS 78702

Amount (\$)

\$134.90

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)



Reimbursement from political contributions intended

Date

4-27-08

Payee name

KELLY GRAPHICS

Payee address; City; State; Zip Code

1322 LOST CREEK BLVD.  
AUSTIN, TEXAS 78746

Amount (\$)

\$1,134.75

Purpose of expenditure (See instructions regarding type of information required.)

25 inch 4'x8' signs

(If travel outside of Texas, complete Schedule T)



Reimbursement from political contributions intended

Date

3-8-08

Payee name

FASCLAMPITT PAPER

Payee address; City; State; Zip Code

7801 NORTH LAMAR BLVD  
AUSTIN, TEXAS 78752

Amount (\$)

\$75.00

\$90.93

\$165.93

Purpose of expenditure (See instructions regarding type of information required.)

PAPER FOR PRINTING PLATFORM

(If travel outside of Texas, complete Schedule T)



Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

RAYMOND FRANK

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

NONE

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

NONE

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ NONE

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 350.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ NONE

4. TOTAL POLITICAL EXPENDITURES

\$ 2393.83

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

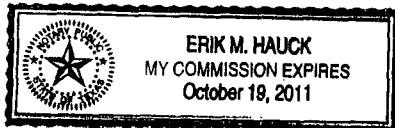
\$ 350.00

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ NONE

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Raymond Frank*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Raymond Frank, this the 9 day  
of July, 20 08, to certify which, witness my hand and seal of office.

*Erik M. Hauck*  
Signature of officer administering oath

ERIK HAUCK  
Printed name of officer administering oath

Financial Service Rep  
Title of officer administering oath